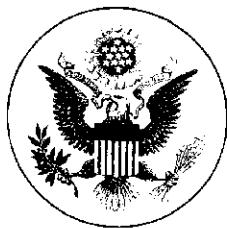


1. CIR./DIST./DIV. CODE TNW	2. PERSON REPRESENTED Douglas, Patrick		VOUCHER NUMBER				
3. MAG. DKT./DEF. NUMBER 2:05-020056-009- <i>Ma</i>		4. DIST. DKT./DEF. NUMBER 2:05-020056-009- <i>Ma</i>		5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER <i>118</i> D.C.		
7. IN CASE/MATTER OF (Case Name) U.S. v. Douglas		8. PAYMENT CATEGORY Felony		9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE Criminal Case PH 4:51		
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 846-C.D.F -- CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE							
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS BROWN, SHEILA D. 9160 Hwy 64, Suite 12 Lakeland, TN 38002			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel  Prior Attorney's Name: _____ Appointment Date: _____ <input checked="" type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions)  <i>Deanne K. Moore</i> Signature of Presiding Judicial Officer or By Order of the Court 09/14/2005				
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)			Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO				
15. CATEGORIES (Attach itemization of services with dates)							
In Court	a. Arraignment and/or Plea		1. HOURS CLAIMED	2. TOTAL AMOUNT CLAIMED	3. MATH/TECH ADJUSTED HOURS	4. MATH/TECH ADJUSTED AMOUNT	5. ADDITIONAL REVIEW
	b. Bail and Detention Hearings						
	c. Motion Hearings						
	d. Trial						
	e. Sentencing Hearings						
	f. Revocation Hearings						
	g. Appeals Court						
	h. Other (Specify on additional sheets)						
(Rate per hour = \$ )		TOTALS:					
Out of Court	a. Interviews and Conferences						
	b. Obtaining and reviewing records						
	c. Legal research and brief writing						
	d. Travel time						
	e. Investigative and Other work (Specify on additional sheets)						
(Rate per hour = \$ )		TOTALS:					
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)						
18.	Other Expenses (other than expert, transcripts, etc.)						
19. GRAND TOTAL (CLAIMED AND ADJUSTED)						20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____				20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION	
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.							
Signature of Attorney: _____ Date: _____							
APPROVED FOR PAYMENT - COURT USE ONLY							
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT			
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER				DATE		28a. JUDGE / MAG. JUDGE CODE	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED			
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.				DATE		34a. JUDGE CODE	

This document entered on the docket sheet in compliance  
with Rule 55 and/or 32(b) FRCrP on *9-27-05*

*418*



# Notice of Distribution

This notice confirms a copy of the document docketed as number 418 in case 2:05-CR-20056 was distributed by fax, mail, or direct printing on September 27, 2005 to the parties listed.

---

Sheila D. Brown  
LAW OFFICE OF SHEILA D. BROWN  
9160 Highway 64  
Ste. 12  
Lakeland, TN 38002

Honorable Samuel Mays  
US DISTRICT COURT